MULTIPLE DEPENDENT CLAIM FEE CALCUL ON SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/54761 FILING DATE

APPLICANT(S)

CLAIMS

| 2 | | · | AS FILED | | AFTER | | AFTER 2 AMENDMENT | |
|--|--|-----------------|----------|---------------|---------------|------------------|-------------------|-----------|
| 2 | 1 | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 49 50 FAL IND. 3 FAL DEP. 24 TOTAL DEP. TOTAL TOTAL DEP. TOTAL | 3 | | | | | | | |
| TAL IND. 3 TOTAL IND. TOTAL DEP. TOTAL 1 9 23 TOTAL | 3 | | | | | | | |
| AL DEP. 14 39 TOTAL DEP. | 24 33 TOTAL DEP TOTAL DEP TOTAL CLAIMS U.S. | | | | | | | |
| OTAL) a TOTAL | 29 33 TOTAL CLAIMS U.S. | AL IND. | 3 | | 4 | ■ | | • |
| | 29 CLAIMS U.S. | AL DEP. | 26 | 4 | 29 | 4 | | 4 |
| | U.S. Pater | TOTAL CLAIMS | 29 | | 33 | | | |